

Congregation Beth Shalom Of Brandon

Yahrzeit Memorial Board

ORDER FORM

Name of Person(s) Placing Order _____

Address _____

Telephone _____ (Member/Non-Member) _____ (\$250 / \$500) per plaque

Payment Due: Number of Plaques Ordered _____ times \$ _____ per plaque = \$ _____

Please print the name of each person being remembered as you want it to appear on the plaque and that person's relationship and yahrzeit date.

<u>Name</u>	<u>Relationship</u>	<u>Yahrzeit Date (Month/Date/Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To place an order, return the completed order form and your check for the amount of the payment due to: Congregation Beth Shalom, 706 Bryan Road, Brandon, FL 33511. Make your check payable to Congregation Beth Shalom.

\$ _____ paid; \$ _____ balance due; (\$ _____ /mo.) Date _____